

Takeover Questionnaire

Rowanmoor SSAS

Guide

Fee Schedule

Takeover Questionnaire

Member Questionnaire

Takeover Factsheet

This is part of a set of literature, all of which should be read together.

Name of Scheme

Number of Members

Please complete the Takeover Questionnaire in full using **BLOCK CAPITALS** and dark ink. There are notes to help you. Any omission could delay the registration of the scheme with HM Revenue & Customs (HMRC) and any proposed investments in the scheme. Please initial any changes you make and do not use correction fluid if you make a mistake.

On completion, sign and date the Declaration before returning it to us with a completed Member Questionnaire for each member.

The information supplied will be held in the strictest confidence and subject to the provisions of Data Protection Legislation.

- Takeover Questionnaire**
Pages two to five. To be completed and signed on behalf of the principal employer.
- Corporate Verification Certificate**
Page six. To be completed by a regulated UK or EU Intermediary. A separate certificate is required for all participating employers.
- Adviser Fee Agreement**
Pages seven to nine. To be completed and signed by all member trustees and their regulated UK or EU Intermediary, where fees are to be paid to the intermediary in respect of advice in relation to the small self-administered scheme (SSAS).
- Member Questionnaire**
A separate Member Questionnaire should also be completed for each member.

Takeover Questionnaire

Scheme provider details

Please provide details of the current scheme provider.

To enable us to obtain relevant information to takeover your scheme, we require your authority. Please copy the following wording onto the principal employer's letterhead and arrange for it to be signed on behalf of the principal employer and by all scheme members and trustees and send it to us with this form. The letter should be addressed to your current provider with the scheme name and reference or policy number clearly stated. If there is no principal employer, the letter should be sent from the trustees of the scheme.

We wish to appoint Rowanmoor Executive Pensions Limited as Scheme Administrator and Rowanmoor Trustees Limited as Independent Trustee.

Please accept this letter as authority to release any information or documents regarding our pension arrangements to Rowanmoor Executive Pensions Limited.

Contact Name	<input type="text"/>		
Company Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone Number (inc. area code)	<input type="text"/>	Fax Number (inc. area code)	<input type="text"/>
Email Address	<input type="text"/>		

Reasons for change of provider

It helps us to provide a smooth administration service if we are aware of the reasons for the change of provider. Please provide as much detail as you can.

Reasons for the takeover:

Scheme administrator

Please give details of the current scheme administrator.

The scheme Administrator may be a trustee, all trustees, an organisation, professional body or an individual.

Where there is more than one scheme administrator please provide details of the others in the notes section on page nine.

Scheme Administrator's Name	<input type="text"/>		
Company Name (if applicable)	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone Number (inc. area code)	<input type="text"/>	Fax Number (inc. area code)	<input type="text"/>
Email Address	<input type="text"/>		

Has the scheme been registered for the HMRC on-line Pension Service?

YES NO

Scheme Administrator ID

Actuarial adviser

Please provide details of your current actuarial adviser (if applicable).

Contact Name			
Company Name			
Address			
	Postcode		
Telephone Number (inc. area code)		Fax Number (inc. area code)	
Email Address			

Principal employer details

Please advise if the employer is limited, limited by guarantee, unlimited, limited by liability, a partnership, or other, e.g. self-employed.

Name			
Registered Office (if applicable)			
	Postcode		
Telephone Number (inc. area code)		Fax Number (inc. area code)	
Email Address			
Trading Address (if different from above)			
	Postcode		
Telephone Number (inc. area code)		Fax Number (inc. area code)	
Email Address			
Employer Status			
Nature of Business			
Employer Year End	D D M M	Registration Number (if applicable)	
Corporation Tax District		Ref	
PAYE District		Ref	

Additional participating employer

In addition to completing the section opposite, please provide details of any additional participating employer in the notes section on page six. We will require the same information as you have already provided for the principal employer and a completed Corporate Verification Certificate for each additional participating employer.

Is any employer, other than the principal employer, participating in the SSAS?

YES NO

If 'YES', please complete the following:

Name of the Participating Employer	
Relationship to the Principal Employer	

Completed Corporate Verification Certificate(s) attached?

YES

Trustee adviser details

Please give details of the financial adviser who will provide advice on the scheme to the member trustees.

All correspondence will be sent to this address. If you do not have a financial adviser all correspondence will be sent to the trading address of the principal employer.

The trustees must appoint an investment adviser.

If 'YES', please provide a copy of your investment adviser's formal appointment and acceptance letters when returning your application.

If you have ticked 'NO', please provide details of your appointed investment adviser.

Financial Adviser (if appropriate)

Contact Name	<input type="text"/>		
Company Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone Number (inc. area code)	<input type="text"/>	Fax Number (inc. area code)	<input type="text"/>
Email Address	<input type="text"/>		
Regulated by	<input type="text"/>		
Authorisation Number	<input type="text"/>		

Will the financial adviser be appointed to act as the Investment Adviser?

YES NO

Contact Name	<input type="text"/>		
Company Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone Number (inc. area code)	<input type="text"/>	Fax Number (inc. area code)	<input type="text"/>
Email Address	<input type="text"/>		
Regulated by	<input type="text"/>		
Authorisation Number	<input type="text"/>		

Principal employer accountant details

Please provide details of the accountant acting for the principal employer.

Accountant

Contact Name	<input type="text"/>		
Accountancy Firm's Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone Number (inc. area code)	<input type="text"/>	Fax Number (inc. area code)	<input type="text"/>
Email Address	<input type="text"/>		

We will produce scheme accounts as part of our standard service (scheme year end will be 5 April).

There will be an additional charge for any self-assessment tax returns.

HMRC may ask for self-assessment tax returns to be submitted for the scheme.

Please tick if you wish us to complete any annual self-assessment tax returns.

Declaration

This is our standard Takeover Questionnaire upon which we intend to rely. For your own benefit and protection you should read this declaration carefully before signing. If you do not understand any point please ask for further information or seek advice from a suitably qualified professional.

How we use your information

The information on this form and any supplementary information provided by you and/or your nominated advisers, now or in the future, will be used by Rowanmoor to:

1. set up and administer the SSAS;
2. send information relating to the SSAS to any of the trustees of the scheme;
3. provide statistics for marketing/new business analysis by Rowanmoor or its agents;
4. give essential information about your SSAS to others (for example, investment providers, regulatory authorities or your agents such as your financial adviser or investment manager) if necessary to run your SSAS and for legal or regulatory purposes.

Information about you will be kept after your account is closed.

To be signed by two directors or a director and company secretary (or sole director, if detailed in the Memorandum and Articles of Association), of the principal employer if they are a limited, limited by guarantee or unlimited company.

To be signed in accordance with the partnership agreement, subject to a minimum of two partners signing.

To be signed by an individual in the case of the self-employed.

If signed by a sole director please provide a copy of the Memorandum and Articles of Association of the principal employer.

On behalf of the Principal Employer we agree to Rowanmoor Executive Pensions Limited investigating the takeover of the scheme. We understand Rowanmoor Executive Pensions Limited will charge for this work and for any other work associated with the takeover of the scheme.

We confirm we are acting in accordance with the Memorandum and Articles of Association of the Company or Partnership Agreement.

We understand that, upon successful investigation, Rowanmoor Executive Pensions Limited will provide the necessary documentation to takeover the scheme.

We agree to Rowanmoor Executive Pensions Limited opening a Trustee bank account with Rowanmoor Trustees Limited's designated bank. This will replace all other Trustee bank accounts, with the exception of loan or overdraft accounts. We confirm all existing accounts will then be closed (except loan and overdraft accounts) and the proceeds transferred to the new account to which all payments into the SSAS will be made. We understand Rowanmoor Trustees Limited will be sole signatory to the account.

The information provided on this form is correct to the best of our knowledge.

We understand to comply with Money Laundering Regulations, Rowanmoor Executive Pensions Limited may verify our identities through the use of an electronic identity verification system. Where a check is carried out, the system will also check whether we have a credit history, but it will not disclose any details. The system will add a note to our credit files to show that identity checks were made, but this information will not be available to third parties for credit assessment purposes. If the check does not confirm our identities, Rowanmoor Executive Pensions Limited will need to carry out a manual check and may need to contact us for further information. Acceptance of our application is subject to satisfactory completion of identity verification checks.

Signature

Print Name

Position

Date

Signature

Print Name

Position

Date

Corporate Verification Certificate

To be completed by a regulated UK or EU Intermediary when introducing retail sector business. Please complete a separate certificate for all employers participating in the scheme.

Employer's Details

Company Name			
Type of Entity (Ltd Co, Partnership, plc)		Registered Number (if applicable)	
Registered Address			
Country		Postcode	
Nature of Business			

Names (and dates of birth if known) of individuals who exercise control over the management of the company. Identity Verification Certificates will be required for each individual named in this section.		Date of Birth	D D	M M	Y Y
		Date of Birth	D D	M M	Y Y
		Date of Birth	D D	M M	Y Y
		Date of Birth	D D	M M	Y Y

Names (and dates of birth if known) if principal beneficial owners (i.e. over 25%). Identity Verification Certificates will be required for each individual named in this section.		Date of Birth	D D	M M	Y Y
		Date of Birth	D D	M M	Y Y
		Date of Birth	D D	M M	Y Y
		Date of Birth	D D	M M	Y Y

I/We certify that:

- a) the information given above was obtained by me/us in relation to this customer;
- b) the evidence I/we have obtained to identify the customer
please tick one box only
 - meets the guidance for standard evidence set out within the guidance for the UK Financial Sector issued by the JMLSG; **or**
 - exceeds the standard evidence (written details of the further verification evidence taken are attached to this certificate);
- c) upon request I/we will supply you with evidence of the identity of this organisation.

To be signed by either

Name of Regulated Firm			
Regulator's Name and Reference Number			
or			
Name of Regulated Individual			
Regulator's Name and Reference Number			

Signed (original signature required)		COMPANY STAMP		
Name				
Position				
Date	D D		M M	Y Y

Adviser Fee Agreement

The Rowanmoor SSAS adviser fee agreement is designed to shorten the process for settling adviser fees from the scheme. This agreement provides us with the authority to pay your financial adviser fees from your Rowanmoor SSAS. Only one agreement can be made and once signed this form must not be amended.

All fees will be settled from the scheme bank account and will be paid within 30 days of receipt of an acceptable invoice, expressing the fees as a monetary amount, from the financial adviser, provided cash funds are available within the account.

Agreement

Fees may be expressed as a defined monetary amount, a percentage of fund, or a percentage of gross contributions.

Defined fee

Payment of the initial fee can fall due either following the establishment of the scheme, or on a specified date.

Payment of the first annual fee can fall due on the scheme anniversary, or a specific date. Subsequent fees will fall due annually thereafter.

Percentage of fund or specific investments

The initial fee must be expressed as a monetary amount. Payment can fall due either following the establishment of the scheme, or on a specified date.

Annual fees may be expressed as a percentage of the total fund value, or specific investments, on each scheme anniversary. Payment falls due on the scheme anniversary.

The financial adviser is required to submit a valuation and an accompanying invoice for the initial and each subsequent fee. The valuation should detail the value of the specific investments, if applicable, and any outstanding scheme liabilities at the anniversary date. We will not supply up-to-date valuations.

Percentage of gross contributions

The initial fee may be expressed as a monetary amount, or a percentage of gross initial contribution.

Annual fees are expressed as a percentage of the value of gross annual contributions. The financial adviser is required to submit a schedule of contributions received each year, together with an accompanying invoice. The schedule of contributions at the first annual payment date, cannot include any contributions used in the calculation of the initial contribution fee.

This fee may be expressed as either a monetary amount, or as a percentage of the transfer value(s) received. Payment is due following receipt of the transfer value(s) from the specified pension arrangement(s) and, if the option is selected, following receipt of any future transfer value(s). The financial adviser will be informed of the value of the transferred fund(s) received.

This adviser fee agreement relates to the financial adviser named on page four of this takeover questionnaire. Please complete section one and/or section two as appropriate.

Section One – Initial and ongoing fees (excluding Transfer Related Fees – see section two)

Fees for the advice and involvement of the financial adviser in establishing the scheme and its ongoing operation.

Please choose one fee payment option from A, B or C and specify the initial and/or ongoing annual fees for your selected fee payment option.

A. Defined fee

Initial fee for arranging the scheme £

To be paid Following scheme establishment or Date

Annual fee £

To be paid on the scheme anniversary or Date and annually thereafter

B. Percentage of fund or specific investments

Initial fee for arranging the scheme £

To be paid Following scheme establishment or Date

Annual fee % of total fund or specific investments

Please list the specific investments (if applicable):

C. Percentage of gross contributions

Initial fee for arranging the scheme £ % of gross initial contribution

To be paid Following scheme establishment or Date

Annual fee % of gross annual contribution

Paid annually on the anniversary of the initial fee, where the initial fee has been expressed as a percentage of the gross initial contribution
or
Paid annually on the scheme anniversary

Section Two – Transfer related fees

Fees for the advice and involvement of the financial adviser in facilitating transfer(s) to the scheme:

Either Amount £ or % of transfer payment(s) received %

The transfer payment is the value of transfer(s) from the following arrangement(s):

Will the same terms apply for future transfers paid into the scheme? YES NO

Declaration

To be signed by all member trustees of the SSAS.

This is our standard Adviser Fee Agreement upon which we intend to rely. For your own benefit and protection you should read these terms carefully before signing. If you do not understand any point please ask for further information or seek advice from a suitably qualified professional. You can amend, or instruct us to cease the agreement, at any time.

Authority is hereby given to Rowanmoor Executive Pensions Limited to pay the fees, as set out in this agreement, from the funds held within the scheme bank account subject to the receipt of an invoice from the financial adviser, until otherwise instructed. We confirm that we understand that Rowanmoor Executive Pensions Limited is not responsible for reviewing the impact of this transaction on the fund or on any other transactions which may be pending. These terms amend and replace any existing adviser fee arrangements.

Signature

Print Name

Date

Signature

Print Name

Date

Signature

Print Name

Date

Signature

Print Name

Date

Signature

Print Name

Date

Signature

Print Name

Date

Signature

Print Name

Date

Signature

Print Name

Date

Signature

Print Name

Date

Signature

Print Name

Date

To be completed by the financial adviser

All fees will be settled within 30 days of receipt of an acceptable invoice, expressing the fees as a monetary amount. Please note that we will not issue a reminder when annual fees fall due.

Payments are made from the scheme not Rowanmoor. Agencies will not be established with Rowanmoor and no listing of payments made or due to an adviser can be provided by us.

Invoices should be made out to 'The Trustees of {insert SSAS name}'. All invoices to be sent to us for settlement on behalf of the member trustees. Payment terms are 30 days from the receipt of your invoice. Fees will only be settled if there are sufficient funds available within the scheme bank account. It is your responsibility to ensure that there are sufficient funds within the account, taking into account imminent investment transactions, benefit payments and other liabilities. If there are insufficient funds to meet these commitments, pension payments, investment transactions and scheme charges will take precedence. We reserve the right to confirm acceptance of all fees with the member trustees, prior to payment.

COMPANY STAMP

Are you an appointed representative, or part of an adviser network? YES NO

If 'YES' please provide the name of the network

Is payment to be made to your network? YES NO
Fees to be paid by CHEQUE CHAPS/BACS

Bank

Branch

Account Name

Account Number

Sort Code

Payment Ref

Signed*

Name

Position

Date

*Original signature required.

Notes

 03445 440 440

 03445 440 500

 enquiries@rowanmoor.co.uk

 rowanmoor.co.uk

Rowanmoor Executive Pensions Limited (No. 5792242), Rowanmoor Personal Pensions Limited (No. 2268900) and Rowanmoor Trustees Limited (No. 1846413) are companies registered in England at Rowanmoor House, 46-50 Castle Street, Salisbury SP1 3TS. Rowanmoor is a trading name of the Embark Group.

Rowanmoor Personal Pensions Limited is authorised and regulated by the Financial Conduct Authority.

If you require this document in audio, large print or Braille format, please telephone 03445 440 550 or fax 03445 440 500.